

**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Attorney Docket No.

NAI 00.061.01

First Named Inventor

Victor Kouznetsov

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Not Assigned

Examiner Name

Not Assigned

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing-- surcharge 37 CFR 1.16(e) required

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM AND METHOD FOR PROVIDING APPLICATION SERVICES WITH  
CONTROLLED ACCESS INTO PRIVILEGED PROCESSES**

the specification of which

☒ is attached hereto

OR

☐ was filed on  
(MM/DD/YYYY)

and was amended on  
(MM/DD/YYYY)

as U.S. Application No. or  
PCT International Application No.

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Appl. No.(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not	Certified Copy Attached?	
			Claimed	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/178,826	1/28/00

## DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

U.S. Parent Application or PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent No. (if applicable)

☐ Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number 25235      Place bar code label here ➡➡

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number  
or Bar Code Label


OR ☒ Correspondence  
address below

Name	William J. KUBIDA, Esq.				
Address	Hogan & Hartson, LLP				
Address	1200 17 <sup>th</sup> Street, Suite 1500				
City	Denver	State	CO	ZIP	80202
Country	US	Telephone	(719) 448-5900		Fax (719) 448-5922

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

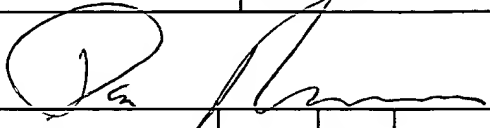
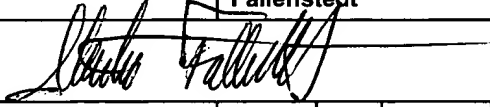
Given Name (first and middle [if any])	Family Name or Surname
Victor	Kouznetsov

Inventor's Signature		Date	8/28/00				
Residence City	Aloha	State	OR	Country	USA	Citizenship	Russian
Post Office Address	20287 SW Tremont Way						
Post Office Address							
City	Aloha	State	OR	ZIP	97007	Country	USA

☒ Additional inventors are named on \_\_\_ supplemental additional inventor(s) sheet(s) PTO/SB/02A attached

# DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Dan		Melchjone					
Inventor's Signature						Date	8/25/00
Residence: City	Beaverton	State	OR	Country	USA	Citizenship	US
Post Office Address	10380 SW 152nd Terrace						
Post Office Address							
City	Beaverton	State	OR	ZIP	97007	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Martin		Fallenstedt					
Inventor's Signature						Date	8/28/00
Residence: City	Beaverton	State	OR	Country	USA	Citizenship	US
Post Office Address	9045 SW 182nd Ave						
Post Office Address							
City	Beaverton	State	OR	ZIP	97007	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	